



Minnesota Board of Cosmetologist Examiners
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Name Change or Duplicate License Order Form

Complete this form if you are requesting a name change or a duplicate license certificate.
Complete only the section that applies to your request.

Name Change Section

- **\$20 Name Change Fee**

Submit payment of the \$20 Name Change Fee in the form of a check, money order, or exact cash. Fee includes copy of new license certificate.

- **Name Change Documentation**

Attach a copy of one of the following to show the change from your previous name to your current name:

☐ Marriage Certificate

☐ Divorce Decree

☐ Legal Court Documentation

- **Licensee Information**

Complete the tables and provide a signature below.

Previous Name

First:		Middle:		Last:	
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Current Name

First:		Middle:		Last:	
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Social Security		License Number	
Street Address		City, State, Zip Code	
Phone Number		Email Address	

"I attest that the information provided on this form is true and correct and request that the Board of Cosmetologist Examiners adopt the name change listed above."

Licensee Signature: _____ Date: _____

Duplicate License Section

- **\$20 Duplicate License Fee**

Submit payment of the \$20 Duplicate License Fee in the form of a check, money order, or exact cash.

- **Licensee Information**

Complete the table and provide a signature below. If you have multiple licenses, list the license number of the license you wish to order.

Name		License Type	
Social Security Number		License Number	
Street Address		City, State, Zip Code	
Phone Number		Email Address	

"I attest that the information provided on this form is true and correct and request that the Board of Cosmetologist Examiners send a duplicate license certificate to the address listed."

Licensee Signature: _____ Date: _____

6/2015

For BCE Office Use Only:	Amount:	C/MO #:	Processor:	Date Processed:
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